

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2000002207

Entity Name: SUN LIFE CAPITAL MANAGEMENT (U.S.) LLC

Current Principal Place of Business:

ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

Current Mailing Address:

ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481 US

FEI Number: 04-3132283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BROWN, RANDOLPH B
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title MGR
Name PEACHER, STEPHEN C
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title MGR
Name ROMAIN, PATRICK R
Address 1 YORK STREET
City-State-Zip: TORONTO, ONTARIO, CANADA M5J 0B6

Title MGR
Name MURPHY, THOMAS P
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title MGR
Name KENNEDY, MELISSA J
Address 1 YORK STREET
City-State-Zip: TORONTO, ONTARIO, CANADA M5J 0B6

Title SECRETARY
Name KALLAS, COLLEEN L.
Address 2323 GRAND BOULEVARD
City-State-Zip: KANSAS CITY MO 64108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN L. KALLAS

SECRETARY

03/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date